Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	05/01/2018	]	05/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #3 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	95 DAILY MX	deg F		Hourly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****	****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.5 MO MAX	mg/L		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	05/01/2018	1	05/31/2018				

DMR Mailing ZIP CODE:

MAJOR

UNIT #4 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	****	****	****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 MO MAX	mg/L		Monthly	Calculated

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****	*****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	****	****	****	*****	*****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 MO MAX	mg/L		Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473	Г	004-A					
Г	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	05/01/2018	1	05/31/2018					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #6 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****	****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****	****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	****	****	****	*****	****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

I	Control of the contro		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THEDMR EACH TIME THERE IS A DICHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		011-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	G PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER TANK FARM DRAINS

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Monthly	4 Grabs
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT. THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		013-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	2RIN	IG PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2018	Ī	05/31/2018					

DMR Mailing ZIP CODE:

03101

MAJOR

**EMERGENCY SPILLWAY OVERFLOW** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
рН	SAMPLE MEASUREMENT	*****	****	****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. INST MAX	gal/d	****	*****	*****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THEDMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL. THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
		7	0 : 2:::02					
	MM/DD/YYYY	1	MM/DD/YYYY					
	05/01/2018	1	05/31/2018					

DMR Mailing ZIP CODE: 03101

MAJOR

WASTE TREATMENT PLT#1 EFFLUENT

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Daily	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	05/01/2018	1	05/31/2018				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

WWTF#2-NORMAL OPERATIONS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMRFORM FOR OUTFALL #017.SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHOUTFALL #018.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	1 DAILY MX	mg/L		Daily	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****	****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	mg/L		Daily	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			·
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Continuou s

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017AND REPORT A "NO DISCHARGE" ON THEDMR FORM FOR OUTFALL #016.SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE FOR OUTFALL #018.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Monthly	4 Grabs
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 R 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	*****	****	****	*****		Daily	Estimate

	cli certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGES FOR OUTFALLS #016 & #017THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH. THE DISCHARGE OF SNOW AND ICE SHALL BE ACCOUNTED FOR IN A REASONABLE MANNER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		019-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03

5

03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #3

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATERTHE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATERTHE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #5

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		022-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2018	1	05/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #6

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2018	]	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #3 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	95 DAILY MX	deg F		Hourly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****	****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	*****	****	*****	****	****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.5 MO MAX	mg/L		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2018	1	06/30/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #4 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****	****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****	****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	****	****	****	****	****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	.5 MO MAX	mg/L		Monthly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	3	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2018	]	06/30/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**UNIT #5 CIRCULATING WATER** 

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****	****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	*****	*****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****	****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	****	****	****	****	****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 MO MAX	mg/L		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons of idretty responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS:  $780\ NO.$  Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2018	]	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 CIRCULATING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****	****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	95 DAILY MX	deg F		Hourly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Calculated
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	.2 DAILY MX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****	****					
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	25 DAILY MX	deg F		Hourly	Calculated
Ferrous sulfate	SAMPLE MEASUREMENT	****	****	****	****	****					
82064 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.5 MO MAX	mg/L		Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2018	1	06/30/2018

DMR Mailing ZIP CODE:

)B

03101

MAJOR

**EMERGENCY BOILER BLOWDOWN** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	_		
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THEDMR EACH TIME THERE IS A DICHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2018	1	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER TANK FARM DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Monthly	4 Grabs
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 R 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	115000 MO AVG	230000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT. THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		013-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2018	Ì	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

**EMERGENCY SPILLWAY OVERFLOW** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
рН	SAMPLE MEASUREMENT	*****	*****	****		*****					
00400 R 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. INST MAX	gal/d	****	*****	*****	*****		When Discharging	Estimate

	circertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY STORMWATER OVERFLOW THEN REPORT "NO DISCHARGE" ON THEDMR FORM. THERE SHALL BE NO DISCHARGES OF PROCESS WASTES, CLEANING WASTES OR SANITARY WASTES FROM THIS OUTFALL. THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		015-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONUTO		0.050100
	MONTE	אוואל	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2018	]	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

WASTE TREATMENT PLT#1 EFFLUENT

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Continuous	Continuou s
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Daily	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2018	1	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

WWTF#2-NORMAL OPERATIONS

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuou s
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****	****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****	****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 DAILY MX	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			·
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Continuou s

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMRFORM FOR OUTFALL #017.SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHOUTFALL #018.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	06/01/2018		06/30/2018				

DMR Mailing ZIP CODE: 03101

MAJOR

WWTF#2-BOILER CHEMICAL CLEAN'G

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Continuous	Continuo s
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily	24 Hour Composit
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 DAILY MX	mg/L		Daily	24 Hour Composit
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****	****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 DAILY MX	mg/L		Daily	24 Hour Composit
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	****	****	*****			·
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	360000 DAILY MX	gal/d	****	****	****	*****		Continuous	Continuo s

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF BOILER CLEANING OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THE DMR FORM FOR OUTFALL #017AND REPORT A "NO DISCHARGE" ON THEDMR FORM FOR OUTFALL #016.SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITH DISCHARGE FOR OUTFALL #018.

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
06/01/2018	06/30/2018						

DMR Mailing ZIP CODE:

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Monthly	4 Grabs
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 R 0 See Comments	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MINIMUM	****	Req. Mon. MAXIMUM	SU		Monthly	4 Grabs
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	300000 MO AVG	600000 DAILY MX	gal/d	*****	****	****	*****		Daily	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGES FOR OUTFALLS #016 & #017THE FIRST PH PARAMETER IS FOR THE MONITORING AND REPORTING OF RAINFALL PH. THE DISCHARGE OF SNOW AND ICE SHALL BE ACCOUNTED FOR IN A REASONABLE MANNER.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		019-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	06/01/2018	]	06/30/2018				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #3

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing findutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATERTHE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	RIN	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	06/01/2018	Ì	06/30/2018				

DMR Mailing ZIP CODE:

03101

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

**MAJOR** 

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE WATERTHE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		021-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
_	MONITORING PERIOD						
	MM/DD/YYYY	1	MM/DD/YYYY				
	06/01/2018	1	06/30/2018				

DMR Mailing ZIP CODE: **MAJOR** 

03101

INTAKE SCREEN WASH FOR UNIT #5

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				I I	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		022-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2018	1	06/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materia, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-A
P	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	]	07/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2018	Ì	07/31/2018

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arriormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	07/01/2018	1	07/31/2018					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2018	07/31/2018							

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2018	07/31/2018							

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	directify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	]	07/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER	ER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	1	07/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	1	07/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	Ì	07/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	TITY OR LOADII	TY OR LOADING QUALITY OR CONCENTRATION				I I		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION			L	- l a		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NI	H0001473		001-A				
PERM	ERMIT NUMBER DISCHARGE NUMBER						
	MONITORING PERIOD						
IM	M/DD/YYYY		MM/DD/YYYY				
С	8/01/2018	]	08/31/2018				

DMR Mailing ZIP CODE: 03101

.

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		002-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MONTE		O I LICIOD					
MM/DD/YYYY	]	MM/DD/YYYY					
08/01/2018	]	08/31/2018					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
08/01/2018	08/31/2018							

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473						
	PERMIT NUMBER DISCHARGE NUMBER						
	MONITO	PIN	IG PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	08/01/2018	1	08/31/2018				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2018	]	08/31/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		015-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
_	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2018	1	08/31/2018					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	08/01/2018	1	08/31/2018					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2018	]	08/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	Concept that the content of the content and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2018	1	08/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto mador, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
08/01/2018	08/31/2018						

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2018	]	09/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		001-Q				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
MM/DD/YYYY	]	MM/DD/YYYY				
07/01/2018	1	09/30/2018				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and indicating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2018	1	09/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MOMITO	-	G FLKIOD					
	MM/DD/YYYY	]	MM/DD/YYYY					
	09/01/2018	]	09/30/2018					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2018	1	09/30/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
09/01/2018	1	09/30/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	Ì	09/30/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		015-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	]	MM/DD/YYYY					
09/01/2018	1	09/30/2018					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	09/01/2018	1	09/30/2018				

DMR Mailing ZIP CODE:

OR

03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	· I	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2018	]	09/30/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2018	1	09/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matori, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2018	09/30/2018						

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		_	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,					
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Γ	018-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	07/01/2018	1	09/30/2018				

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2018	]	09/30/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION			·			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	09/01/2018	Ī	09/30/2018				

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A		
	PERMIT NUMBER DISCHARGE NUMBER				
	MONITO	RIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	10/01/2018	]	10/31/2018		

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
10/01/2018	10/31/2018						

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		003-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
_	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	10/01/2018	1	10/31/2018				

DMR Mailing ZIP CODE:

MAJOR

03101

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	10/01/2018	]	10/31/2018						

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anior matori, including the possibility of fine and imprisoriment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A						
t	PERMIT NUMBER	$\vdash$	DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	10/01/2018	1	10/31/2018						

DMR Mailing ZIP CODE: 03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A		
	PERMIT NUMBER		DISCHARGE NUMBER		
		_			
	MONITO	PIN	IG PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	10/01/2018 10/31/2018				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, moleculing the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	10/01/2018	]	10/31/2018					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	10/01/2018	Ì	10/31/2018					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	Ī	10/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				_	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	IG PERIOD	
	MM/DD/YYYY	1	MM/DD/YYYY
	10/01/2018	1	10/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	AL EXECUTIVE OFFICER  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2018	Ī	11/30/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2018	1	11/30/2018

DMR Mailing ZIP CODE: **MAJOR** 

03101

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
11/01/2018	11/30/2018						

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		015-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	G PERIOD	
MM/DD/YYYY	]	MM/DD/YYYY
11/01/2018	1	11/30/2018

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2018	]	11/30/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2018	Ì	11/30/2018

DMR Mailing ZIP CODE:

,

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
11/01/2018	11/30/2018						

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION			L	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2018	1	11/30/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION			CENTRATION		L	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of the possibility of the did in present to the time of the state of	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2018	Ī	12/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	Control of the direction of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	1		
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2018	]	12/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	12/01/2018	1	12/31/2018

DMR Mailing ZIP CODE:

)R

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2018	1	12/31/2018

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	NG PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2018		12/31/2018

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	7DIV	IG PERIOD
MOMITO	יוואל	GFLKIOD
MM/DD/YYYY	]	MM/DD/YYYY
12/01/2018	]	12/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	10/01/2018	1	12/31/2018					

DMR Mailing ZIP CODE:

03101

MAJOR

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	12/01/2018	1	12/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	12/01/2018	]	12/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	1	12/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	12/01/2018	]	12/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	·	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Γ	017-Q
Γ	PERMIT NUMBER	Γ	DISCHARGE NUMBER
	MONITO	NG PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	1	12/31/2018

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION				FREQUENCY					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2018	1	12/31/2018

DMR Mailing ZIP CODE: 03101

**MAJOR** 

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	2RIN	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	12/01/2018	Ī	12/31/2018				

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

						L	FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	2RIN	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	12/01/2018	Ī	12/31/2018				

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
01/01/2019	1	01/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	003-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MONITO MM/DD/YYYY	ORIN	NG PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	1	01/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	01/01/2019	1	01/31/2019					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2019	01/31/2019							

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A				
T	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	G PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	01/01/2019	]	01/31/2019				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	]	01/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	]	01/31/2019

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATIO			CENTRATION		NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	1	01/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATIO			CENTRATION		NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2019	1	02/28/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	clicertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		002-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	1	MM/DD/YYYY					
02/01/2019	1	02/28/2019					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		003-A				
PE	RMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	02/01/2019	1	02/28/2019				

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	02/01/2019	1	02/28/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2019	02/28/2019							

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MONTC	יוואל	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	02/01/2019	1	02/28/2019					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2019	1	02/28/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2019	]	02/28/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matori, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2019	]	02/28/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	call certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2019	]	02/28/2019

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2019	1	03/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHL

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2019	1	03/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2019	1	03/31/2019

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		003-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
IVIOIVITO	יוואכ	GFLKIOD					
MM/DD/YYYY		MM/DD/YYYY					
03/01/2019	1	03/31/2019					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2019	03/31/2019							

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2019	03/31/2019							

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		011-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY		MM/DD/YYYY					
01/01/2019	1	03/31/2019					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	015-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2019	03/31/2019							

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2019	]	03/31/2019				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	****	*****	****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MONTE	אוואל	IG PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	01/01/2019	1	03/31/2019					

DMR Mailing ZIP CODE:

03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A			
Г	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY			
	03/01/2019	1	03/31/2019			

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matori, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-Q					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	01/01/2019	]	03/31/2019					

DMR Mailing ZIP CODE: **MAJOR** 

03101

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2019	]	03/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE **DMR** 

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		020-A				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
MONTO	יוואל	G PERIOD				
MM/DD/YYYY	]	MM/DD/YYYY				
03/01/2019	1	03/31/2019				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2019	1	03/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	CECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2019	1	04/30/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or present who manage the system or these persons directly responsible for a thereing		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		002-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
10101111		O I EITIOD					
MM/DD/YYYY	]	MM/DD/YYYY					
04/01/2019	]	04/30/2019					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	1	04/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2019	1	04/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2019	04/30/2019							

DMR Mailing ZIP CODE: 03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	1	04/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2019	]	04/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	1	04/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION			FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		021-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	NG PERIOD	
MM/DD/YYYY	]	MM/DD/YYYY
04/01/2019	1	04/30/2019

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

	QUAN	TITY OR LOADII	NG				NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	****	*****		Monthly	Estimate

	Correction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2019	Ī	05/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2019	]	05/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	004-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
05/01/2019	05/31/2019							

DMR Mailing ZIP CODE: 03101

. 9

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	Control of the control of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	05/01/2019	1	05/31/2019				

DMR Mailing ZIP CODE:

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	When Discharging  When	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
рН	SAMPLE MEASUREMENT	*****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons of persons who manage the system or those persons directly responsible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_								
Γ	NH0001473		015-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2019	1	05/31/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons of persons who manage the system or those persons directly responsible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001	473		016-A				
PERMIT N	UMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
MM/DE	)/YYYY		MM/DD/YYYY				
05/01	/2019		05/31/2019				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2019	]	05/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		020-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
05/01/2019	1	05/31/2019

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				L		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2019	Ī	05/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	JTIVE OFFICER  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR COM			JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 0

R

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2019		06/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473	Г	004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	)RI	NG PERIOD
		7	
	MM/DD/YYYY	1	MM/DD/YYYY
	06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	IG PERIOD	
MM/DD/YYYY	]	MM/DD/YYYY
06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	Conception of the control of the con		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2019	1	06/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	Conception of the control of the con		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	06/01/2019	Ì	06/30/2019					

DMR Mailing ZIP CODE: 03101

TREATED EFFLUENT FROM WWTP #2

External Outfall

**MAJOR** 

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	Concept that the content of the content and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2019	06/30/2019							

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

				NG	Ql	JALITY OR CON	CENTRATION		L		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A				
	PERMIT NUMBER DISCHARGE NUMBER						
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	06/01/2019	]	06/30/2019				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		017-Q				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	NG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2019	]	06/30/2019				

DMR Mailing ZIP CODE:

03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2019		06/30/2019				

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those persons directly responsible for gathering		TELEP	HONE	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
06/01/2019	06/30/2019						

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION				1					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		021-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	1	MM/DD/YYYY					
	06/01/2019	1	06/30/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

					L	FREQUENCY					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	E/TITLE PRINCIPAL EXECUTIVE OFFICER  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.  SI		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-A				
L	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	07/01/2019	1	07/31/2019				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		002-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	1	MM/DD/YYYY				
	IVIIVI/ DD/ T T T T	1	IVIIVI/ DD/ 1 1 1 1				
	07/01/2019		07/31/2019				

DMR Mailing ZIP CODE:

)R

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	Ī	07/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	07/01/2019	1	07/31/2019					

DMR Mailing ZIP CODE:

**MAJOR** 

03101

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	07/01/2019	1	07/31/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	Conception of the control of the con		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	1	07/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	]	07/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2019	]	07/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Γ	020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	)R	ING PERIOD
	WONT	_'`	IN O I EINIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	7	07/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION					FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> </u>	IC DEDICE
	MONTC	יוואנ	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	1	07/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION					FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2019	1	08/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
08/01/2019	08/31/2019							

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	אואַ	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2019	1	08/31/2019

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	004-A					
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	08/01/2019	1	08/31/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		006-A					
PE	RMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2019	]	08/31/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

I	Concept that the content of the cont		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		015-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	08/01/2019	]	08/31/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
_							
	MONITO	<u> PRIN</u>	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	08/01/2019	Ī	08/31/2019				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	08/01/2019	]	08/31/2019					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	Concept that the content of the cont		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	RIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2019	1	08/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	021-A
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	NG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2019	1	08/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	1		
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing findutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE:

03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	CX OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
1	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2019	]	09/30/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and indicating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: " Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2019	09/30/2019							

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
09/01/2019	09/30/2019					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		004-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2019	1	09/30/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		006-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2019	]	09/30/2019					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		011-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
07/01/2019	]	09/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2019	1	09/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2019	]	09/30/2019

DMR Mailing ZIP CODE:

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	antomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2019	1	09/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2019	]	09/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-Q
	PERMIT NUMBER		DISCHARGE NUMBER
		===	
	MONITO	2RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2019	Ī	09/30/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		018-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	07/01/2019	]	09/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

	control of the direction of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matori, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
09/01/2019	09/30/2019						

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2019	1	09/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
person or persons who manage the system, or the information, the information submitted is, accurate, and complete. I am aware that there	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	Ì	10/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NITS EX OF ANALYSI		TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	Conception of the control of the con		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2019	]	10/31/2019

DMR Mailing ZIP CODE: 0

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	]	10/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
10/01/2019	1	10/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

I	Conception of the complete of the person of		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2019	]	10/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	]	10/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	017-A				
T	PERMIT NUMBER	Г	DISCHARGE NUMBER				
_	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	10/01/2019	1	10/31/2019				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	*****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	1	10/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
pers the accu		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		021-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	2RIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2019	1	10/31/2019

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	EXECUTIVE OFFICER  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	11/01/2019	1	11/30/2019				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	11/01/2019	Ì	11/30/2019					

DMR Mailing ZIP CODE:

MAJOR

03101

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		003-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	11/01/2019	]	11/30/2019				

DMR Mailing ZIP CODE: 03101

3

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Г	11/01/2019	]	11/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		006-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2019	1	11/30/2019

DMR Mailing ZIP CODE:

**MAJOR** 

03101

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2019	1	11/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2019	Ì	11/30/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
			10.050100
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2019	]	11/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	11/01/2019	1	11/30/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
pers the accu		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_		_	
	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2019	1	11/30/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	]	12/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	Ì	12/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

OUTFALL 001 QUARTERLY MONITORING

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	12/01/2019	1	12/31/2019				

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ī	12/31/2019

DMR Mailing ZIP CODE:

DE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	Г	004-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	]	MM/DD/YYYY					
12/01/2019	1	12/31/2019					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Γ	006-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	12/01/2019	1	12/31/2019					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	R i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	RIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	10/01/2019	Ì	12/31/2019				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		015-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ī	12/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRI	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	12/01/2019	1	12/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2019	]	12/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ī	12/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		017-Q				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
MONTO	יוואל	IG PERIOD				
MM/DD/YYYY		MM/DD/YYYY				
10/01/2019	1	12/31/2019				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2019	1	12/31/2019

DMR Mailing ZIP CODE:

03101

**MAJOR** 

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE **DMR** 

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	Ì	12/31/2019

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	T	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
t		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2019	1	12/31/2019

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		001-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	]	MM/DD/YYYY					
01/01/2020	1	01/31/2020					

DMR Mailing ZIP CODE:

03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	0 - 4 - 1 - 1 - 1 - 1 - 1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	control of the direction of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	aniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	01/01/2020	]	01/31/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2020	01/31/2020							

DMR Mailing ZIP CODE: 0

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		004-A
F	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	G PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2020	1	01/31/2020

DMR Mailing ZIP CODE:

ıR

03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	IVIOINTIC	יוואכ	GFLKIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	01/01/2020	Ī	01/31/2020					

DMR Mailing ZIP CODE:

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those persons directly responsible for pathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2020	1	01/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	]	01/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	]	01/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	1	01/31/2020

DMR Mailing ZIP CODE:

**MAJOR** 

03101

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO		IC DEDIOD
	MONTE	אוואל	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2020	1	01/31/2020

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2020	1	02/29/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
l	MM/DD/YYYY		MM/DD/YYYY
	02/01/2020	]	02/29/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
02/01/2020	02/29/2020							

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	Hourly  Daily  Continuous	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2020	1	02/29/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		006-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
l	MM/DD/YYYY		MM/DD/YYYY				
	02/01/2020	]	02/29/2020				

DMR Mailing ZIP CODE:

E: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	_	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MOMITO	אואל	G PERIOD					
	MM/DD/YYYY	]	MM/DD/YYYY					
	02/01/2020	]	02/29/2020					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2020	Ì	02/29/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	<u> PRIN</u>	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2020	]	02/29/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		020-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	1	MM/DD/YYYY				
	02/01/2020	1	02/29/2020				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

	QUANTITY OR LOADING			NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		021-A			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
MONTO	יוואל	GFLKIOD			
MM/DD/YYYY	]	MM/DD/YYYY			
02/01/2020	1	02/29/2020			

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN					L	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473	Г	001-A		
	PERMIT NUMBER DISCHARGE NU				
	MONITO	DRI	NG PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	03/01/2020	1	03/31/2020		

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-Q		
	PERMIT NUMBER DISCHARGE NUMBER				
	MONITO	RIN	IG PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	01/01/2020	]	03/31/2020		

DMR Mailing ZIP CODE: 03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
03/01/2020	03/31/2020							

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A		
Г	PERMIT NUMBER DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	IG PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	03/01/2020	]	03/31/2020		

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	03/01/2020		03/31/2020					

DMR Mailing ZIP CODE:

**MAJOR** 

03101

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	03/01/2020	1	03/31/2020				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	01/01/2020	1	03/31/2020					

DMR Mailing ZIP CODE:

03101

MAJOR

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	1	MM/DD/YYYY					
	03/01/2020	1	03/31/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	1	03/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2020	1	03/31/2020

DMR Mailing ZIP CODE:

03101

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

**MAJOR** 

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	]	03/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-Q					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
		, •	0.202					
	MM/DD/YYYY	]	MM/DD/YYYY					
	01/01/2020	1	03/31/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	018-A
Γ	PERMIT NUMBER	Г	DISCHARGE NUMBER
	MONITO	DRI	NG PERIOD
	MONITO MM/DD/YYYY	ORII	NG PERIOD  MM/DD/YYYY

DMR Mailing ZIP CODE: 03101

**MAJOR** 

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE **DMR** 

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2020	1	03/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		021-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
03/01/2020	1	03/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2020	]	04/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		002-A					
PERMIT NUMBER		DISCHARGE NUMBER					
NOM	MONITORING PERIOD						
MM/DD/YYYY		MM/DD/YYYY					
04/01/2020		04/30/2020					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	Conception of the possibility of fine and imprisonment for knowing including the possibility of fine and imprisonment for knowing including the possibility of fine and imprisonment for knowing including the system.		TELEP	HONE	DATE
		GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2020	]	04/30/2020					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		004-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2020	1	04/30/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A					
PERMIT NUMB	ER	DISCHARGE NUMBER					
M	MONITORING PERIOD						
MM/DD/YY	ΥΥ	MM/DD/YYYY					
04/01/202	0	04/30/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
		1					
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2020	Ī	04/30/2020				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	****	*****		Continuous	Recorder (auto)

I	Conception of the complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing volume.		TELEP	HONE	DATE
		GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2020	]	04/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2020	]	04/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2020	Ī	04/30/2020				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that quarter personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		021-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	]	MM/DD/YYYY					
04/01/2020	1	04/30/2020					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION				1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	_		
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	G PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2020	]	05/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

	_	QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	05 441413/010	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	control of the direction of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		002-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MOMITO	יוואל	G PERIOD					
MM/DD/YYYY		MM/DD/YYYY					
05/01/2020	1	05/31/2020					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER	TER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2020	]	05/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH000147	3		006-A
PERMIT NUM	BER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/DD/Y	YYY		MM/DD/YYYY
05/01/20	)20		05/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MONTE		GTERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2020	1	05/31/2020					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	016-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2020	]	05/31/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2020	1	05/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		020-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
05/01/2020	]	05/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	05/01/2020	1	05/31/2020

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and mater, including the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	06/01/2020	]	06/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2020	06/30/2020							

DMR Mailing ZIP CODE: 03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	06/01/2020	Ì	06/30/2020					

DMR Mailing ZIP CODE:

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		003-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
_	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	06/01/2020	1	06/30/2020					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473	Г	004-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	06/01/2020	1	06/30/2020				

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		006-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2020	1	06/30/2020

DMR Mailing ZIP CODE:

03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person persons the pagagage the system or those persons directly recognished to a state of the person of the pagagage that the person of the pagagage that the pagagage that the person of the person of the pagagage that the person of		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2020	1	06/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

HEATER CONDENSATE DRIPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person persons the pagagage the system or those persons directly recognished to a state of the person of the pagagage that the person of the pagagage that the pagagage that the person of the person of the pagagage that the person of		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2020	1	06/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person persons the pagagage the system or those persons directly recognished to a state of the person of the pagagage that the person of the pagagage that the pagagage that the person of the person of the pagagage that the person of		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH00014	73		016-A
PERMIT NU	MBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/DD/	YYYY		MM/DD/YYYY
06/01/2	2020		06/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	****	*****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2020	06/30/2020							

DMR Mailing ZIP CODE:

03101

**MAJOR** 

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION			FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001	473		017-A				
PERMIT NU	PERMIT NUMBER DISCHARGE NUMBER						
	MONITORING PERIOD						
MM/DD	MM/DD/YYYY		MM/DD/YYYY				
06/01/	2020		06/30/2020				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	017-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2020	06/30/2020							

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2020		06/30/2020					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	15 MO AVG	*****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Γ	020-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
			110 050100
	MONITO	ואנ	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2020	1	06/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				1		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	06/01/2020	1	06/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

l l	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2020	1	07/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
l	MM/DD/YYYY		MM/DD/YYYY
	07/01/2020	]	07/31/2020

DMR Mailing ZIP CODE: 03101

. 9

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2020	07/31/2020						

DMR Mailing ZIP CODE:

,

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who meases the system or these persons directly expensible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473						
Γ	PERMIT NUMBER	IT NUMBER DISCHARGE NUMBER					
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	07/01/2020	Ī	07/31/2020				

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2020	07/31/2020						

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ľ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who meases the system or these persons directly expensible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A			
	PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER				
		_				
	MONITO	PIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	07/01/2020	1	07/31/2020			

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who meases the system or these persons directly expensible for gathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2020	Ī	07/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2020	1	07/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2020	1	07/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	`	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORII	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2020	1	07/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION							
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-A			
PEI	RMIT NUMBER		DISCHARGE NUMBER			
	MONITORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY			
	08/01/2020	]	08/31/2020			

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	IVIOIVITO	יוואכ	IG FLKIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	08/01/2020	1	08/31/2020				

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	Concept the direction of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	08/01/2020	1	08/31/2020				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		004-A				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
MM/DD/YYYY	]	MM/DD/YYYY				
08/01/2020	1	08/31/2020				

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2020	1	08/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomaton, neutring the possibility of the raid imprisonment for knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2020	1	08/31/2020

DMR Mailing ZIP CODE:

) ) 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	08/01/2020	Ì	08/31/2020					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	08/01/2020	Ì	08/31/2020					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	08/01/2020	1	08/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				1	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
person or persons who m the information, the infor accurate, and complete. I	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2020	1	08/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
person or persons who m the information, the infor accurate, and complete. I	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	uniormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHL

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	Conception of the control of the con		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	IG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	07/01/2020	1	09/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	09/01/2020	]	09/30/2020					

DMR Mailing ZIP CODE: 03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

		Consider the control of the control		TELEPI	HONE	DATE
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
İ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
09/01/2020	09/30/2020						

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		004-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	IG PERIOD	
MM/DD/YYYY	]	MM/DD/YYYY
09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	$\sqcap \Gamma$	006-A
PERMIT NUMBER		DISCHARGE NUMBER
10M	VITORI	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
09/01/2020		09/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ľ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2020	1	09/30/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

N	IH0001473		016-A
PER	MIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
N	M/DD/YYYY	]	MM/DD/YYYY
	09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MOMIL	יוואל	IG FLKIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	07/01/2020	1	09/30/2020				

DMR Mailing ZIP CODE:

E: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	09/01/2020	Ī	09/30/2020				

DMR Mailing ZIP CODE:

03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-Q				
Г	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	07/01/2020	Ī	09/30/2020				

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	*****	****	*****	****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2020	09/30/2020						

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	*****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2020	1	09/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2020	]	09/30/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

					NO.	FREQUENCY					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	and materi, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	]	10/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	10/01/2020	Ì	10/31/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

vii 1501 (

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	Ì	10/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	CER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NII 100004 470		004.4
NH0001473		004-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	IG PERIOD	
MM/DD/YYYY	]	MM/DD/YYYY
10/01/2020	1	10/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	control of the description of th		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2020	1	10/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	control of the description of th		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2020	]	10/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	control of the description of th		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		016-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
_	MONITORING PERIOD							
	MM/DD/YYYY	1	MM/DD/YYYY					
	10/01/2020	1	10/31/2020					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
[	MM/DD/YYYY		MM/DD/YYYY
ſ	10/01/2020	]	10/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473	Г	020-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	NG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2020	1	10/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	)DIV	IG PERIOD
	MOMITO	יוואק	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	1	10/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
_	MONITORING PERIOD							
	MM/DD/YYYY	1	MM/DD/YYYY					
	11/01/2020	1	11/30/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	002-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
11/01/2020	11/30/2020							

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	*****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		003-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	]	MM/DD/YYYY					
11/01/2020	1	11/30/2020					

DMR Mailing ZIP CODE:

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		004-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MM/DD/YYYY	]	MM/DD/YYYY					
11/01/2020	1	11/30/2020					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
MOMITO	יוואל	IG FLKIOD					
MM/DD/YYYY	]	MM/DD/YYYY					
11/01/2020	]	11/30/2020					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	When Discharging  When Discharging	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU			Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		-	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A		
	PERMIT NUMBER DISCHARGE NUMBER				
		_			
	MONITO	PIN	IG PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	11/01/2020	1	11/30/2020		

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001. THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			_
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2020	1	11/30/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	2RIN	IG PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	11/01/2020	]	11/30/2020				

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473 021-A					
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	PRIN	IG PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	11/01/2020	Ì	11/30/2020			

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2020	1	12/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE:

03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	*****	*****	*****		Quarterly	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	)RIN	IG PERIOD
		•	0 1 211102
	MM/DD/YYYY	1	MM/DD/YYYY
	12/01/2020	1	12/31/2020

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	Conception of the control of the con		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		003-A					
PERMIT NUMB	MIT NUMBER DISCHARGE NUMBER						
N	MONITORING PERIOD						
MM/DD/YY	ΥΥ	MM/DD/YYYY					
12/01/202	20	12/31/2020					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	12/01/2020	1	12/31/2020					

DMR Mailing ZIP CODE:

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	12/01/2020	1	12/31/2020					

DMR Mailing ZIP CODE: 03101 **MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	X OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	011-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
10/01/2020	12/31/2020								

DMR Mailing ZIP CODE: 03101

MAJOR

HEATER CONDENSATE DRIPS

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	30 MO AVG	****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	****	****	*****		Quarterly	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	12/01/2020	1	12/31/2020				

DMR Mailing ZIP CODE: 03101

9

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Continuous	Recorder (auto)

I	Control of the contro		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	]	12/31/2020

DMR Mailing ZIP CODE:

03101

**MAJOR** 

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

	QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	*****	*****	****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473	Г	017-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	12/01/2020	]	12/31/2020					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101
FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	]	12/31/2020

DMR Mailing ZIP CODE: 03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	entermation, more and property of the and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

03101

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		018-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	10/01/2020	]	12/31/2020

DMR Mailing ZIP CODE:

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	2RIN	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	12/01/2020	Ī	12/31/2020				

DMR Mailing ZIP CODE:

03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing floations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		021-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
12/01/2020	]	12/31/2020

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				1	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2021	1	01/31/2021

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	]	01/31/2021

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	003-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2021	01/31/2021							

DMR Mailing ZIP CODE: **MAJOR** 

03101

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	1	01/31/2021

DMR Mailing ZIP CODE:

MAJOR

03101

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	006-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
01/01/2021	01/31/2021						

DMR Mailing ZIP CODE:

DE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	****		*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		When Discharging	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons why manage the system or those persons directly responsible for nathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A				
	PERMIT NUMBER	ERMIT NUMBER DISCHARGE NUMBER					
	MONITO	<u> PRIN</u>	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	01/01/2021	1	01/31/2021				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	****	****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons why manage the system or those persons directly responsible for nathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	016-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2021	01/31/2021							

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUANTITY OR LOAD		NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A				
Γ	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	01/01/2021	]	01/31/2021				

DMR Mailing ZIP CODE: 03101

)

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons why manage the system or those persons directly responsible for nathering		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A		
Г	PERMIT NUMBER	DISCHARGE NUMBER			
	MONITO	<u> PRIN</u>	IG PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	01/01/2021	1	01/31/2021		

DMR Mailing ZIP CODE:

03101

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

**MAJOR** 

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qual personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNEDTO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	021-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2021	01/31/2021							

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		001-A		
	PERMIT NUMBER DISCHARGE NUM				
	MONITO	RIN	IG PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	02/01/2021	]	02/28/2021		

DMR Mailing ZIP CODE: 03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	02/01/2021	Ì	02/28/2021					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	CER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	IVIOINTIC	יוואל	GFLKIOD					
	MM/DD/YYYY	]	MM/DD/YYYY					
	02/01/2021	]	02/28/2021					

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		004-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
02/01/2021	1	02/28/2021

DMR Mailing ZIP CODE:

03101

MAJOR

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A
PERMIT NUMBE	R	DISCHARGE NUMBER
Me	ONITORI	NG PERIOD
MM/DD/YY	/Y	MM/DD/YYYY
02/01/202	1	02/28/2021

DMR Mailing ZIP CODE: 03101

MAJOR

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101 FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2021	1	02/28/2021

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2021	Ī	02/28/2021

DMR Mailing ZIP CODE:

annig 211 00D2. 001

03101

TREATED EFFLUENT FROM WWTP #2

External Outfall

**MAJOR** 

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РΗ	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	02/01/2021	1	02/28/2021

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	020-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUAN	TITY OR LOADING QUALITY OR CONCENTRATION				FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, melecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	2RIN	IG PERIOD				
	MM/DD/YYYY	]	MM/DD/YYYY				
	02/01/2021	]	02/28/2021				

DMR Mailing ZIP CODE:

03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY (		TY OR LOADING		JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	-		
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_	MONITO	RIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2021	1	03/31/2021

DMR Mailing ZIP CODE:

03101

MAJOR

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	****	****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	]	03/31/2021

DMR Mailing ZIP CODE: 03101

MAJOR

**OUTFALL 001 QUARTERLY MONITORING** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	****							
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	40 MO AVG	40 DAILY MX	MGD	****	****	*****	*****		Quarterly	Recorder (auto)	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and indicating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. THE PH SHALL NOT BE LESS THAN 6.5 SU NOR GREATER THAN 8.0 SU.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2021	]	03/31/2021

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		003-A
	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	03/01/2021	]	03/31/2021

DMR Mailing ZIP CODE: 03101

MAJOR

UNIT #5 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	*****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2021	1	03/31/2021

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473		006-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
03/01/2021	1	03/31/2021

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		011-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	IG PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	1	03/31/2021

DMR Mailing ZIP CODE: 03101

MAJOR

**HEATER CONDENSATE DRIPS** 

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	30 MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Estimate

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, more and the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHOULD BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO DISCHARGE INTO THE RECEIVING WATER. THE COMBINED DISCHARGE OF THE 3 INDIVIDUAL PIPES SHALL BE CONSIDERED A REPRESENTATIVE SAMPLING POINT.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2021	1	03/31/2021

DMR Mailing ZIP CODE: 03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	*****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	****	*****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

_			
Γ	NH0001473		016-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	03/01/2021	1	03/31/2021

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-Q
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	PRIN	G PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	1	03/31/2021

DMR Mailing ZIP CODE:

03101

MAJOR

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		I	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	03/01/2021	1	03/31/2021					

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		017-Q
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	]	03/31/2021

DMR Mailing ZIP CODE:

03101

**MAJOR** 

QUARTERLY MONITORING FOR OUTFALL 0

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, Total	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51445 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MN	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

NH0001473	018-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
01/01/2021	03/31/2021							

DMR Mailing ZIP CODE: 03101

MAJOR

SCHILLER STATION YARD DRAINS

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS  Quarterly  Quarterly	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	15 MO AVG	****	20 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Quarterly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Quarterly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER OR MONITORING PERIOD THE PERMITTEE SHOULD ENTER THE APPROPRIATE NO DATA INDICATOR CODE (NODI) ON THE DMR

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	PIN	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2021	1	03/31/2021				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A				
	PERMIT NUMBER DISCHARGE NUMBER						
	MONITO	PIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2021	1	03/31/2021				

DMR Mailing ZIP CODE: 03101

MAJOR

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and market, modeling the possibility of this and imprisonment for knowing findutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		001-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
Γ	04/01/2021	]	04/30/2021				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

NON-CONTACT COOLING WATER MONTHI

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	05 441411/010	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.2 INST MAX	mg/L		Daily	Grab
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	*****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submiting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEMPERATURE RISE IS DEFINED AS THE DIFFERENCE BETWEEN THE INFLUENT (AMBIENT) AND THE EFFLUENT DISCHARGE TEMPERATURE. THE 95 DEGREE LIMIT SHALL NOT BE EXCEEDED AT ANY TIME. SEE PERMIT FOR FURTHER DETAILS

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		002-A					
Γ	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	04/01/2021	1	04/30/2021					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #4 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	43.5 MO AVG	52.2 DAILY MX	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOUR PERIOD DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		003-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2021	1	04/30/2021

DMR Mailing ZIP CODE: 03101

UNIT #5 NON-CONTACT COOLING WATER

MAJOR

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	*****	*****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	****	*****		Continuous	Record (manual)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	*****	*****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE. TEMP RISE LIMIT IS INCREASED FROM 25 TO 30 FOR 3 HOURS EACH DAY DURING CONDENSER CLEANING

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		004-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONITO	<u> PRIN</u>	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2021	Ī	04/30/2021

DMR Mailing ZIP CODE:

03101

**MAJOR** 

UNIT #6 NON-CONTACT COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	****	****	*****	****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	95 DAILY MX	deg F		Hourly	Grab
Oxidants, total residual	SAMPLE MEASUREMENT	****	****	****	****	****					
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.2 INST MAX	mg/L		Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	50.2 MO AVG	50.2 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	****	****	****	****						
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	25 DAILY MX	deg F		Hourly	Calculated

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AT NO TIME SHALL THE DISCHARGE CAUSE THE RECEIVING WATER TO EXCEED A MAXIMUM TEMPERATURE OF 84 DEGREESFARENHEIT AT A DISTANCE OF 200 FEET IN ANY DIRECTION FROM THE POINT OF DISCHARGE.TEMP RISE LIMIT IS INCREASTED FROM 25 TO 30 FOR 3 HOURS DAILY DURING CONDENSER MAINTENANCE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		006-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	04/01/2021	Ì	04/30/2021					

DMR Mailing ZIP CODE:

03101

**MAJOR** 

EMERGENCY BOILER BLOWDOWN, BOILER (

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		When Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		When Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	****		****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	15 MO AVG	****	20 DAILY MX	mg/L		When Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	gal/d	*****	*****	****	*****		When Discharging	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO EMERGENCY DISCHARGE THEN REPORT "NO DISCHARGE" ON THE DMR FORM. THE PH OF THE EMERGENCY DISCHARGE WILL BE MONITORED & REPORTED ON THE DMR EACH TIME THERE IS A DISCHARGE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

	NH0001473		015-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
Γ	04/01/2021	]	04/30/2021

DMR Mailing ZIP CODE:

03101

**MAJOR** 

TREATED EFFLUENT FROM WWTP #1

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8 MAXIMUM	SU		Daily when Discharging	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****		****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	30 MO AVG	****	100 DAILY MX	mg/L		Daily when Discharging	
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	61800 MO AVG	85300 DAILY MX	gal/d	*****	*****	****	*****		Continuous	Recorder (auto)

	Conception of the control of the con		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT A REPRESENTATIVE POINT PRIOR TO MIXING WITHDISCHARGE OUTFALL #001.THIS DISCHARGE SHALL BE ONLY USED DURING ESSENTIAL MAINTENANCE OF WASTE TREATMENT PLANT #2.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		016-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2021		04/30/2021				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED EFFLUENT FROM WWTP #2

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	*****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Monthly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1 MO AVG	1 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	216000 MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NORMAL PLANT OPERATIONS IN EFFECT THEN REPORT MONITORING RESULTS ON THIS DMR FORMAND REPORT A "NO DISCHARGE" ON DMR FORM

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St. Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Г	NH0001473		017-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
Ī	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
Γ	04/01/2021	]	04/30/2021				

DMR Mailing ZIP CODE: 03101

MAJOR

TREATED METAL CLEANING WASTE FROM

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Continuous	Recorder (auto)
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Daily when Discharging	Grab
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	15 MO AVG	20 DAILY MX	mg/L		Daily when Discharging	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****		****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****		****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	1 MO AVG	****	1 DAILY MX	mg/L		Daily when Discharging	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	360000 DAILY MX	gal/d	*****	****	*****	*****		Continuous	Recorder (auto)

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO SAMPLING IS REQUIRED FOR A PARTICULAR PARAMETER AND MONITORING PERIOD THE PERMITTEE SHOULD ENTER APPROPRIATE NO DATA INDICATOR CODE ON THE DISCHARGE MONITORING REPORT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		020-A		
	PERMIT NUMBER DISCHARGE NUMBE				
		_			
	MONITO	PIN	IG PERIOD		
	MM/DD/YYYY	]	MM/DD/YYYY		
	04/01/2021	1	04/30/2021		

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNIT #4

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	into mator, including the possionity of the and imprisonment for knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THIS DISCHARGE'S INTAKE. ALL LIVE FISH, SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHALL BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' Granite Shore Power Schiller LLC

ADDRESS: 780 NO. Commercial St.

Manchester, NH 03101

FACILITY: GRANITE SHORE POWER SCHILLER LLC

LOCATION: 400 GOSLING RD

PORTSMOUTH, NH 03801

ATTN: ALLAN PALMER, SENIOR ENGINEER

Γ	NH0001473		021-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY	]	MM/DD/YYYY				
	04/01/2021	1	04/30/2021				

DMR Mailing ZIP CODE: 03101

**MAJOR** 

INTAKE SCREEN WASH FOR UNITS #5 & #6

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****			*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	108000 DAILY MX	gal/d	****	*****	*****	*****		Monthly	Estimate

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TEMPERATURE OF THE DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE DISCHARGE'S INTAKE WATER .ALL LIVE FISH, SHELLFISH AND OTHERORGANISMS COLLECTED OR TRAPPED ON THE INTAKE SCREEN SHOULD BE RETURNED TO THEIR HABITAT AWAY FROM INTAKE.